| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | AT | 12 | 9-15-00 |
| O.I.P.E. CLASSIFIER | | | 9/23 |
| FORMALITY REVIEW | RS | 61730 | 9/8-20-00 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | Rejected | N | Non-elected | |
| = | Allowed | I | Interference | |
| — | (Through numeral)... Canceled | A | Appeal | |
| ÷ | Restricted | 0 | Objected | |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)